

**The State-wide Program for Asian Studies in Schools**  
**2016 Program Application**  
 The Institute on China and its Cultures  
 UVM Asian Studies Outreach Program  
**Application Deadline: Friday, December 18, 2015**

**Please return the application to: Asian Studies Outreach Program, UVM, Mann Hall Room 201, 208 Colchester Avenue, Burlington, VT 05405**

**Have you participated in an ASOP Overseas Program Before:**

	<b>Yes</b>	<b>No</b>
If you answered yes, please indicate which program(s) including the year: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		

**I. Applicant's Data** (Please print or type)

<b>Full Name:</b>		<b>Male</b> <input type="checkbox"/>	<b>Date of Birth:</b>	
		<b>Female</b> <input type="checkbox"/>	/ / (month/day/year)	
<b>Social Security Number:</b> - -	<b>Country of Citizenship:</b>	<b>Passport Number:</b> <b>Passport Expiration Date:</b>		
<b>Permanent Address:</b>	Street	Town	State	Zip
<b>Mailing Address:</b> (if different from above)	Street /P.O. Box	Town	State	Zip
<b>Home Phone:</b>		<b>Cell:</b>		
<b>School Name:</b>				
<b>School Address:</b>	Street	Town	State	Zip
<b>School phone:</b>		<b>Fax:</b>		
<b>E-mail:</b>				
<b>Occupation:</b>				
<input type="checkbox"/> <b>Teacher</b> <input type="checkbox"/> <b>Guidance Counselor</b> <input type="checkbox"/> <b>Principal</b> <input type="checkbox"/> <b>Superintendent</b> <input type="checkbox"/> <b>Other (Specify):</b>				
<b>* For teachers</b>	<b>Grade level:</b>	<b>Subject Area:</b>		

**II. Objectives:** Please describe why you want to participate in the State-wide Program for Asian Studies in Schools. Be as specific as possible and use additional paper if necessary.

